

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032670

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 760

Primary Registration District No. 559

Registrar's No. 121

FILED SEP 4 1963

1. PLACE OF DEATH

a. COUNTY

JEFFERSON

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE MO

b. COUNTY ST GENEVIEVE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN RURAL JOACHIM

Length of stay in 1b

c. CITY
OR
TOWN BLOOMSDALE

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION HOSP. HWY. 61

Inside Limits

Yes ☐ No ☒

d. STREET
ADDRESS STAR RT.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

MARVIN

C.

DORLAC

4. DATE
OF
DEATH

Month
Day
Year
8-28-63

5. SEX
MALE

6. COLOR OR RACE
WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
3-24-1914

9. AGE (last birthday)
49

IF UNDER 1 YEAR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
MECHANIST

10b. KIND OF BUSINESS OR INDUSTRY
P.P.G. CO.

11. BIRTHPLACE (City and state or country)
PERRY CO. MO.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

WALTER DORLAC

13b. MOTHER'S MAIDEN NAME

ELLA PRIMO

14. NAME OF HUSBAND OR WIFE

GENEVA

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or date)
NO. ***

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
GENEVA DORLAC BLOOMSDALE, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour
s.m.
p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Coronar's View
Death occurred at 4:10 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

and last saw her
him alive on

22. SIGNATURE

(Deceased or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)
BURIAL

23b. DATE
8-31-63

23c. NAME OF CEMETERY OR CREMATORY
ROSELAWN GARDEN

23d. LOCATION (City, town, or county)
CRYSTAL CITY, MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

GENTRY R. POLITTE CRYSTAL CITY, MO.

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

1963 SEP 13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Emilio B. Salitto

Licensed Embalmer No. 3481
P. O. Address Crystal City - Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.